

WORKPLACE MANAGED CARE

MODEL CONFIDENTIALITY PLEDGE

Prepared by

The Workplace Managed Care Cross-Site Evaluation Team

William Schlenger, Ph.D.
Georgia Karuntzos, MS.I.R.
Jeremy Bray, M.A.
Christopher Ringwalt, Dr. Ph.H.

Prepared under funding from
The Center for Substance Abuse Prevention

For the
Workplace Managed Care Steering Committee

Contact:
Georgia Karuntzos, M.S.I.R.
Research Triangle Institute
P.O. Box 12194
Research Triangle Park, NC 27709
(919) 541--6159
(919) 541-5945 (FAX)
gtk@rti.org (E-Mail)

April, 1999

MODEL

Confidentiality Pledge

CSAP DIVISION OF WORKPLACE PROGRAMS WORKPLACE MANAGED CARE PROGRAM

Assurance of Confidentiality

The multi-site evaluation of the WORKPLACE MANAGED CARE PROGRAM is being conducted by the [PROGRAM NAME] in collaboration with CASP/DWP, CDM/RTI, and eight other project sites. As part of this evaluation, [PROGRAM NAME] will archive and analyze data collected by the sites under a Federal Certificate of Confidentiality.

Prior to participating in the data collection process or being given access to the data collected for the evaluation, all [PROGRAM NAME] project staff, CDM staff, and site project staff are asked to agree to comply with the assurance of confidentiality that will be given to evaluation participants. Through the Certificate of Confidentiality each respondent is assured that the confidentiality of the responses to this information request will be maintained by [PROGRAM NAME] and CSAP/DWP and that no information obtained in the course of this activity may be disclosed in a manner in which the particular establishment or individual supplying the information or described in it is identifiable, unless such establishment or individual has consented to such disclosure, to anyone other than authorized program staff.

Agreement

I have carefully read the materials provided and I understand the confidential nature of all records to be handled in regard to this evaluation. I understand that I am prohibited by law from disclosing any confidential information obtained under the terms of this cooperative agreement to anyone other than authorized site staff or [PROGRAM NAME].

I further understand and agree to comply with the following:

1. I agree to provide data collection services in connection with the evaluation. I hereby accept all duties and responsibilities of performing specified data collection tasks, and I will personally perform such tasks in accordance with the training, guidelines, and specifications provided to me.
2. I agree to treat as confidential all information obtained in any project-related manner. This includes information obtained from or about any persons eligible for interview, their parents, and anyone else I may come into contact with in connection with this evaluation. I agree not to discuss any aspect of any case with anyone other than authorized project staff. I further agree that this covenant of confidentiality shall survive the termination of this agreement.
3. I agree to treat as confidential and proprietary to the WORKPLACE MANAGED CARE PROGRAM any and all instruments, materials, and documentation provided or accessed during the course of my service on this project. I agree not to copy or duplicate any project materials without written permission from the Steering Committee. I agree to safeguard all project materials and to exercise extreme care to protect them from access by unauthorized persons.
4. I agree to conduct myself at all times in a manner that will obtain the respect and confidence of all evaluation participants, parents, and other persons with whom I may come into contact in connection with this evaluation.
5. I agree to report any breach of confidentiality to my supervisor immediately.
6. By signing below, I acknowledge that I have read and understand the assurances that will be provided to clients. I understand that I am prohibited by both the law and this agreement from disclosing any confidential information which has been obtained by this study to anyone other than an authorized member of [PROGRAM NAME] and CSAP/DWP, or the collaborating projects. I understand that any willful and knowing disclosure in violation of the Privacy Act of 1974 (5 U.S.C. 552a) is a misdemeanor and is punishable by a fine of up to \$5,000. I agree to abide by the terms of the assurances of confidentiality set forth here.

Name (Print)

Signature

Date

Disposition: Original to Site Project File; Copy to [PROGRAM NAME]; Copy to Employee